

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT-# 850824

1. Entity Name

DEVELOPMENT SYSTEMS ASSOCIATES, INC.

Principal Place of Business

1106 PINEHURST ROAD
DUNEDIN FL 34698
US

Mailing Address

1106 PINEHURST ROAD
DUNEDIN FL 34698-5427
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FRY, WILLIAM J
234 ABERDEEN STREET
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete
NAME FRY, WILLIAM J
STREET ADDRESS 234 ABERDEEN STREET
CITY-ST-ZIP DUNEDIN FL 34698

TITLE D ☐ Delete
NAME SCULLY, KAREN
STREET ADDRESS 314 ISLAND CIRCLE
CITY-ST-ZIP SARASOTA FL 34242

TITLE D ☐ Delete
NAME OTTO, ROBERT
STREET ADDRESS 14190 IROQUOIS AVENUE
CITY-ST-ZIP LARGO FL 34644

TITLE D ☒ Delete
NAME WALKER, KIM
STREET ADDRESS 209 NESTLEBRANCH DRIVE
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME Darek Avery
STREET ADDRESS P.O. Box 258
CITY-ST-ZIP Dunedin FL 34697

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

727-734-3411

Daytime Phone #

CD05034 10/00